

## SECTION 8

### HEALTHY CHILDREN AND YOUTH PROGRAM

The Healthy Children and Youth (HCY) Program in Missouri is a comprehensive, primary and preventive health care program for Medicaid eligible children and youth under the age of 21 years in covered eligibility groups. The program is also known as Early Periodic Screening, Diagnosis and Treatment (EPSDT). Medicaid covers any physical or mental illness identified by the HCY screen regardless of whether the services are covered under the state Medicaid plan. Services that are beyond the scope of the Medicaid state plan may require a plan of care identifying the treatment needs of the child with regard to amount, duration, scope and prognosis. A Prior Authorization (PA) may be required for some services.

When the initial application for public assistance is made, all qualified applicants (or his/her guardian) under age 21 are informed of the HCY program. However, it is advisable for providers to notify their patients when HCY screenings are due in accordance with the following periodicity schedule:

Newborn (2-3 days)	15-17 months	8-9 years
By 1 month	18-23 months	10-11 years
2-3 months	24 months	12-13 years
4-5 months	3 years	14-15 years
6-8 months	4 years	16-17 years
9-11 months	5 years	18-19 years
12-14 months	6-7 years	20 years

#### **FULL SCREENING**

A full screen must be performed by an enrolled Medicaid physician, nurse practitioner or nurse midwife (*only infants age 0-2 months and females age 15-20 years*) and must include all of the components listed below. If all of the components are not included, a provider cannot bill for a full screen and is to bill only for a partial screen.

- Interval History
- Unclothed Physical Examination
- Anticipatory Guidance
- Lab/Immunizations (Lab and administration of immunizations is reimbursed separately)
- Lead Assessment (Provider must use the *HCY Lead Risk Assessment* form)
- Development Personal-Social and Language
- Fine Motor/Gross Motor Skills
- Hearing
- Vision
- Dental

It is mandatory that the age appropriate *HCY Screening Guide* be used to document all that components of a full or partial screen are met. The *HCY Screening Guide* is not all-inclusive; it is to be used as a guide to identify areas of concern for each component of the HCY screen. Other pertinent information can be documented in the comment fields of the guide. **The screener must sign and date the guide and retain it in the patient's medical record.** *HCY Screening Guides* can be obtained by using the *Forms Request* in Section 19 of this document or by downloading from the Internet at [www.dss.mo.gov/dms](http://www.dss.mo.gov/dms).

**Note:** *A provider cannot bill for an office visit and an HCY screen on the same date of service for a patient unless documentation in the medical record indicates a medical need for the office visit. The provider must include a "Certificate of Medical Necessity" with the claim when submitting it for payment.*

#### **DIAGNOSIS CODE FOR FULL OR PARTIAL SCREEN**

Providers must use V20.2 as the primary diagnosis on claims for HCY screening services.

#### **FULL SCREENING PROCEDURE CODES (New Patient)**

Procedure Code (Use Age Appropriate Code)	Modifier 1	Modifier 2	Fee
99381*	21	EP	\$60.00
99382*	21	EP	\$60.00
99383*	21	EP	\$60.00
99384*	21	EP	\$60.00
99385*	21	EP	\$60.00

#### **FULL SCREENING PROCEDURE CODES (Established Patient)**

Procedure Code (Use Age Appropriate Code)	Modifier 1	Modifier 2	Fee
99391*	21	EP	\$60.00
99392*	21	EP	\$60.00
99393*	21	EP	\$60.00
99394*	21	EP	\$60.00
99395*	21	EP	\$60.00

**\*Modifier "UC" must be used if child was referred for further care as a result of the screening. Modifier "UC" must always appear as the last modifier.**

**PARTIAL SCREENING**

Different providers may provide segments of the full medical screen. The purpose of this is to increase the access to care for all children and to allow providers reimbursement for those separate screens. When expanded HCY services are accessed through a partial or interperiodic screen, it is the responsibility of the provider completing the partial screening service to have a referral source to refer the child for the remaining components of a full screening service.

An unclothed physical and history screen (CPT codes 99381EP-99385EP and 99391EP-99395EP) includes the first five sections of the age appropriate screening guide including:

- Interval history;
- Unclothed physical exam;
- Anticipatory guidance;
- Laboratory/Immunizations; and
- Age appropriate lead screening. Federal regulations require a mandatory blood lead testing by either capillary or venous method at 12 months and 24 months regardless of age. The provider must use the *HCY Lead Risk Assessment* form.

**PARTIAL SCREENING PROCEDURE CODES – UNCLOTHED PHYSICAL & HISTORY (New Patient)**

**(Provider must complete Sections 1-5 of the HCY Screening Guide)**

Procedure Code (Use Age Appropriate Code)	Modifier 1	Fee
99381*	EP	\$20.00
99382*	EP	\$20.00
99383*	EP	\$20.00
99384*	EP	\$20.00
99385*	EP	\$20.00

**PARTIAL SCREENING PROCEDURE CODES – UNCLOTHED PHYSICAL & HISTORY (Established Patient)**

**(Provider must complete Sections 1-5 of the HCY Screening Guide)**

Procedure Code (Use Age Appropriate Code)	Modifier 1	Fee
99391*	EP	\$20.00
99392*	EP	\$20.00
99393*	EP	\$20.00
99394*	EP	\$20.00
99395*	EP	\$20.00

***\*Modifier “UC” must be used if child was referred for further care as a result of the screening. Modifier “UC” must always appear as the last modifier.***

**PARTIAL SCREENING CODES – DENTAL**

Procedure Code	Modifier 1	Modifier 2	Fee
99429			\$20.00
99429	UC		\$20.00

**PARTIAL SCREENING CODES – DEVELOPMENTAL/MENTAL HEALTH**

Procedure Code	Modifier 1	Modifier 2	Fee
99429	59		\$15.00
99429	59	UC	\$15.00

**PARTIAL SCREENING CODES – HEARING**

Procedure Code	Modifier 1	Modifier 2	Fee
99429	EP		\$5.00
99429	EP	UC	\$5.00

**PARTIAL SCREENING CODES – VISION**

Procedure Code	Modifier 1	Modifier 2	Fee
99429	52		\$5.00
99429	52	UC	\$5.00

**DESCRIPTION OF MODIFIERS USED FOR HCY SCREENINGS**

- **EP** - Service provided as part of Medicaid/MC+ early periodic, screening, diagnosis, and treatment (EPSDT).
- **21** - Prolonged evaluation and management services. Modifier 21 must be used when completing a full HCY screen to include all ten components.
- **52** - Reduced services. Modifier 52 must be used when all the components for the unclothed physical and history procedure codes (99381-99395) have not been met according to CPT. Also used with procedure code 99429 to identify that the components of a partial HCY vision screen have been met.
- **59** - Distinct Service. Modifier 59 must be used to identify the components of an HCY screen when only those components related to developmental and mental health are being screened.
- **UC** - EPSDT Referral for Follow-Up Care. The modifier UC must be used when the child is referred on for further care as a result of the screening. The modifier UC must always appear as the last modifier on the claim.

**NEWBORN EXAMINATIONS**

Initial newborn examinations have been identified as HCY screenings and providers **must** use either procedure code 99431 or 99432. When billing for either of these codes, field 24h on the CMS-1500 form **must** be marked with an “E.” This indicates an EPSDT/HCY exam. The newborn’s medical record must document that **the billing provider performed all components of a full HCY examination appropriate to the child’s age and circumstances.**

**DENTAL EXAMINATIONS**

When a child receives a full HCY medical screen, it includes an oral examination that is **not** a full dental exam. A referral to a dental provider must be made where medically indicated when the child is under the age of one year. When the child is one year or older, a referral must be made, at a minimum, according to the dental periodicity schedule. Providers can tell the patient to use the DMS Internet web page, <http://dss.mo.gov/dms/recipient.htm>, to search for an enrolled dental provider in their area or other area of the state. On the web page, the patient should click on the "Medicaid Provider Search" link and follow the instructions.

**IMMUNIZATIONS**

HCY screening providers are responsible for giving required immunizations. Immunizations are recommended in accordance with guidelines of the Advisory Committee on Immunization Practices (ACIP). Immunizations must be provided during a full medical HCY screening unless medically contraindicated or refused by the parent or guardian of the patient. When an appropriate immunization is not provided, the patient's medical record must document why the appropriate immunization was not provided.

**Providers must use the free vaccine provided by the Missouri Department of Health and Senior Services through the Vaccine for Children (VFC) program.** To receive the free vaccine, providers must be enrolled with the Department of Health and Senior Services. Additional information on the VFC program appears later in this section.

**LEAD SCREENING AND TREATMENT**

All children ages six months to 72 months must be verbally assessed for lead poisoning using the questions contained in the *HCY Lead Risk Assessment Guide* (use Forms Request in Section 19 to order or download the Guide from the Internet at [www.dss.mo.gov/dms](http://www.dss.mo.gov/dms)). The *HCY Lead Risk Assessment Guide* is designed to allow the same document to follow the child for all visits from 6 months to 72 months of age. The guide has space on the reverse side to identify the type of blood test, venous or capillary; and also has space to identify the dates and results of blood lead levels. When an answer to any verbal question is "yes", a blood lead test must be done at that time.

Risk is determined from the response to the questions on the *HCY Lead Risk Assessment Guide*. The verbal risk assessment determines whether the child is low risk or high risk.

- If the answers to all questions are negative, a child is considered low risk for high doses of lead exposure.
- If the answer to any question is positive, a child is considered high risk for high doses of lead exposure and must receive a blood lead test.
- Blood level testing is mandatory at ages 12 and 24 months regardless to the response of the verbal assessment or where a child resides.

**Providers must use Medicaid's *HCY Lead Risk Assessment Guide* and retain it in the patient's medical record.**

For additional information on HCY/EPSTD, providers should reference Section 9 of the Medicaid *Provider Manual* at [www.dss.mo.gov/dms](http://www.dss.mo.gov/dms).

## PREVENTIVE MEDICINE FOR CHILDREN

Two of the key components of preventive medicine codes 99381-99395 are the history and unclothed physical examination. When an unclothed physical exam and history is performed for a recipient under the age of 21 years, providers should bill one of the appropriate HCY screening codes referenced on previous pages.

When all the components for the history and unclothed physical examination have not been met according to CPT, providers must bill one of the codes referenced in the chart below. CPT codes 99381-99395 cannot be billed alone without a modifier for a patient under the age of 21 years.

### PREVENTIVE MEDICINE CODES – REDUCED- (New Patient)

Procedure Code (Use Age Appropriate Code)	Modifier 1	Modifier 2	Fee
99381	52	EP	\$23.00
99382	52	EP	\$23.00
99383	52	EP	\$23.00
99384	52	EP	\$23.00
99385	52	EP	\$23.00

### PREVENTIVE MEDICINE CODES – REDUCED – (Established Patient)

Procedure Code (Use Age Appropriate Code)	Modifier 1	Modifier 2	Fee
99391	52	EP	\$15.00
99392	52	EP	\$15.00
99393	52	EP	\$15.00
99394	52	EP	\$15.00
99395	52	EP	\$15.00

### SCHOOL PHYSICALS

A physical examination may be necessary in order to obtain a physician's certificate stating that a child is physically able to participate in athletic contests at school. When

this is necessary, diagnosis code V20.2 should be used. This also applies for other school physicals when required as conditions for entry into or continuance in the educational process. Use the appropriate Preventive Medicine code and modifiers listed in the above tables.

### **WELL WOMAN EXAMINATION**

A well woman exam for a female patient 18-20 years of age can be billed using the age appropriate preventive medicine code and modifiers with diagnosis code V72.31.

## **SAFE/CARE EXAMINATIONS**

Sexual Assault Findings Examination (SAFE) and Child Abuse Resource Education (CARE) examinations and related laboratory studies that ascertain the likelihood of sexual or physical abuse performed by SAFE trained providers certified by the Department of Health and Senior Services are covered by Medicaid. Children enrolled in a managed health care plan receive SAFE-CARE services as a benefit outside of the health plan on a fee-for-service basis. Additional information on SAFE-CARE examinations can be referenced in Section 13.15 of the physician manual located on the Internet at: [www.dss.mo.gov/dms](http://www.dss.mo.gov/dms).

### **SAFE/CARE EXAM PROCEDURE CODES**

<b>Procedure Code</b>	<b>Modifier 1</b>	<b>Modifier 2</b>	<b>Fee</b>
99205	U7		\$187.50
99205	U7	52	\$72.50

## **VACCINES FOR CHILDREN (VFC) PROGRAM**

Through the VFC Program, federally provided vaccine is available at no charge to public and private providers for Medicaid eligible children ages 0 through 18 years.

**Medicaid requires providers who administer immunizations to qualified Medicaid eligible children to enroll in the VFC program.** The VFC program is administered by the Department of Health and Senior Services. Providers should contact the DOH as follows:

Missouri Department of Health and Senior Services  
Section for Communicable Disease Prevention  
Vaccines for Children Program  
P.O. Box 570  
Jefferson City, MO 65102  
(800) 219-3224, (573) 526-5833



Medicaid will pay an administration fee per dose to providers to administer the free vaccine **except** to those providers enrolled as Rural Health Clinics (RHCs) or Federally Qualified Health Clinics (FQHCs). RHCs and FQHCs may bill an encounter code or appropriate level Evaluation and Management code if a medically necessary evaluation and management service is provided in addition to the VFC vaccine.

### **Immunizations for MC+ Recipients**

MC+ health plans and their providers must use the VFC vaccine for Medicaid eligible MC+ health plan recipients. Plan providers must enroll in the program through the Department of Health and Senior Services. Providers should contact the appropriate MC+ health plan for proper billing procedures.

### **Immunizations Given Outside the VFC Guidelines**

If an immunization is given to a Medicaid recipient who does not meet the VFC guidelines, use the standard procedure for billing injections. Physicians, clinics, and advanced practice nurse prescribers must bill injections on the Pharmacy Claim Form using the National Drug Code (NDC). The provider may bill either procedure code 90471 or 90472 for the administration of the immunization if that is the only service provided. If a significant, separately identifiable Evaluation and Management (E&M) service (codes 99201-99215) is performed, the appropriate E&M code may be billed in addition to the administration code.

The administration procedure codes may not be billed by federally qualified health centers (FQHCs) or rural health clinics (RHCs) as outlined by federal guidelines. The administration of any medications, including immunizations, is included in the encounter rate and additional reimbursement is not allowed.

FQHCs and provider based RHCs bill the CPT code for the appropriate immunization. Independent RHCs bill the encounter procedure code T1015 or T1015EP, which includes all services provided during the encounter.

### **VFC ADMINISTRATION CODES**

Providers must use the SL modifier for the following VFC administration codes.

VACCINE FAMILY	VACCINE NAME	PRODUCT NAME	CPT CODE	MEDICAID ALLOWABLE
DTaP	DTaP	Infanrix	90700SL	\$15.00
		DAPTACEL		
		Tripedia		
DT	DT		90702SL	\$10.00
Td	Td, Preservative Free	DECAVAC	90714SL	\$10.00
	Td		90718SL	\$10.00



VACCINE FAMILY	VACCINE NAME	PRODUCT NAME	CPT CODE	MEDICAID ALLOWABLE
Tdap	Tdap	BOOSTRIX	90715SL	\$15.00
		ADACEL		
Polio	EIPV	IPOL	90713SL	\$5.00
Hepatitis B	Hepatitis B	Engerix B	90744SL	\$5.00
		Recombivax HB		
Hepatitis A	Hepatitis A	Havrix	90633SL	\$5.00
		VAQTA		
Hib	Hib	PedvaxHIB	90647SL	\$5.00
		ActHIB	90648SL	\$5.00
		HibTITER	90645SL	\$5.00
Influenza	Influenza (injectable)	Influenza, Preservative Free	90655SL	\$5.00
		Influenza	90657SL	\$5.00
		Influenza	90658SL	\$5.00
	Influenza, live attenuated	FluMist	90660SL	\$5.00
Meningococcal	Meningococcal	Menactra	90734SL	\$5.00
MMR	MMR	MMRII	90707SL	\$15.00
Pneumococcal	Pneumococcal 7-valent (Conjugate)	Prevnar	90669SL	\$5.00
	Pneumococcal 23-valent (Polysaccharide)	Pneumovax 23	90732SL	\$5.00
		Pnu-Immune 23		
Varicella	Varicella	Varivax	90716SL	\$5.00
DTaP and Hib	DTaP/Hib	TriHIBit	90721SL	\$20.00
DTaP, Hepatitis B, and Polio	DTaP/HB/IPV	Pediarix	90723SL	\$25.00
Hepatitis B and Hib	Hepatitis B/Hib	COMVAX	90748SL	\$10.00
Hepatitis A and Hepatitis B	Hepatitis A/ Hepatitis B 18	Twinrix	90636SL	\$10.00
MMR and Varicella	MMRV	ProQuad	90710SL	\$20.00